

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 9  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>EMGAGE FEDERAL POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00453704
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>Abdulummin, Maimouna, , ,</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 19 / 2020</b>
Mailing Address <b>14213 Woodpark Dr</b>		Amount <b>408.60</b>
City <b>Moreno Valley</b>	State <b>CA</b>	Zip Code <b>92553</b>
Purpose of Expenditure <b>Canvassing</b>	Category/Type <b>001</b>	Transaction ID : <b>SE.5029</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 19 / 2020</b>
Name of Federal Candidate <b>BIDEN, JOSEPH R JR, , ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>MI</b>
Calendar Year-To-Date Per Election for Office Sought <b>9609.36</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Alsabahi, Noran, , ,</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 19 / 2020</b>
Mailing Address <b>4547 Helen Street</b>		Amount <b>318.90</b>
City <b>Dearborn</b>	State <b>MI</b>	Zip Code <b>48126</b>
Purpose of Expenditure <b>Canvassing</b>	Category/Type <b>001</b>	Transaction ID : <b>SE.5021</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 19 / 2020</b>
Name of Federal Candidate <b>BIDEN, JOSEPH R JR, , ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>MI</b>
Calendar Year-To-Date Per Election for Office Sought <b>6497.36</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>727.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mitha, Amin, , ,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>EMGAGE FEDERAL POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00453704
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Ashur, Fadwa, , ,</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 19 / 2020</b>
Mailing Address <b>3278 Bolgos Cir</b>		Amount <b>327.95</b>
City <b>Ann Arbor</b>	State <b>MI</b>	Zip Code <b>48105</b>
Purpose of Expenditure <b>Canvassing</b>	Category/Type <b>001</b>	Transaction ID : <b>SE.5019</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 19 / 2020</b>
Name of Federal Candidate <b>BIDEN, JOSEPH R JR, , ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>MI</b>
Calendar Year-To-Date Per Election for Office Sought <b>6178.46</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Ateya, Abdulraham, , ,</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 19 / 2020</b>
Mailing Address <b>44991 Middlebury Court</b>		Amount <b>440.00</b>
City <b>Canton</b>	State <b>MI</b>	Zip Code <b>48188</b>
Purpose of Expenditure <b>Canvassing</b>	Category/Type <b>001</b>	Transaction ID : <b>SE.5016</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 19 / 2020</b>
Name of Federal Candidate <b>BIDEN, JOSEPH R JR, , ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>MI</b>
Calendar Year-To-Date Per Election for Office Sought <b>7537.36</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>767.95</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mitha, Amin, , ,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>EMGAGE FEDERAL POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00453704
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Imtiaz, Eliya, , ,</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 12 / 2020</b>
Mailing Address <b>2970 Quail Run Drive</b>		Amount <b>285.00</b>
City <b>Troy</b>	State <b>MI</b>	Zip Code <b>48098</b>
Purpose of Expenditure <b>Canvassing</b>	Category/Type <b>001</b>	Transaction ID : <b>SE.5018</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 12 / 2020</b>
Name of Federal Candidate <b>BIDEN, JOSEPH R JR, , ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>MI</b>
Calendar Year-To-Date Per Election for Office Sought <b>3409.10</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Imtiaz, Rubab, , ,</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 19 / 2020</b>
Mailing Address <b>2970 Quail Run Drive</b>		Amount <b>303.99</b>
City <b>Troy</b>	State <b>MI</b>	Zip Code <b>48098</b>
Purpose of Expenditure <b>Canvassing</b>	Category/Type <b>001</b>	Transaction ID : <b>SE.5031</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 19 / 2020</b>
Name of Federal Candidate <b>BIDEN, JOSEPH R JR, , ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>MI</b>
Calendar Year-To-Date Per Election for Office Sought <b>10850.85</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>588.99</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mitha, Amin, , ,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>EMGAGE FEDERAL POLITICAL ACTION COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00453704       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Kabbani, Kenan, , ,</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>19</div><div>2020</div></div>	
Mailing Address 4031 Pine Tree Trl		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">300.00</div>	
City Bloomfield Hills	State MI	Zip Code 48302	Transaction ID : SE.5023
Purpose of Expenditure Canvassing	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>19</div><div>2020</div></div>	
Name of Federal Candidate BIDEN, JOSEPH R JR, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

8594.86

Full Name of Payee <b>Khan, Hira, , ,</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>19</div><div>2020</div></div>	
Mailing Address 2657 Turtel Shores Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">300.00</div>	
City Bloomfield Hills	State MI	Zip Code 48302	Transaction ID : SE.5020
Purpose of Expenditure Canvassing	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>19</div><div>2020</div></div>	
Name of Federal Candidate BIDEN, JOSEPH R JR, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

6797.36

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">600.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mitha, Amin, , ,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>EMGAGE FEDERAL POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00453704
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Khreizat, Anna, , ,</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 19 / 2020</b>
Mailing Address <b>6464 Reuter St</b>		Amount <b>300.00</b>
City <b>Dearborn</b>	State <b>MI</b>	Zip Code <b>48126</b>
Purpose of Expenditure <b>Canvassing</b>	Category/Type <b>001</b>	Transaction ID : <b>SE.5017</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 19 / 2020</b>
Name of Federal Candidate <b>BIDEN, JOSEPH R JR, , ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>MI</b>
Calendar Year-To-Date Per Election for Office Sought <b>7097.36</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Niazi, Zuhair, , ,</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 19 / 2020</b>
Mailing Address <b>2657 Turtle Shores Dr</b>		Amount <b>307.50</b>
City <b>Bloomfield Hills</b>	State <b>MI</b>	Zip Code <b>48302</b>
Purpose of Expenditure <b>Canvassing</b>	Category/Type <b>001</b>	Transaction ID : <b>SE.5022</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 19 / 2020</b>
Name of Federal Candidate <b>BIDEN, JOSEPH R JR, , ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>MI</b>
Calendar Year-To-Date Per Election for Office Sought <b>8294.86</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>607.50</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mitha, Amin, , ,

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**10 / 20 / 2020**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 6 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>EMGAGE FEDERAL POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00453704
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY /  /

Full Name of Payee <b>Rahman, Khaleeq, , ,</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2020
Mailing Address 1382 Liberty St N		Amount 270.55
City Canton	State MI	Zip Code 48188
Purpose of Expenditure Canvassing	Category/ Type 001	Transaction ID : SE.5026 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2020
Name of Federal Candidate BIDEN, JOSEPH R JR, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: MI
Calendar Year-To-Date Per Election for Office Sought 8865.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Rasheed, Mustafa, , ,</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2020
Mailing Address 3629 Euclid Dr		Amount 403.50
City Troy	State MI	Zip Code 48083
Purpose of Expenditure Canvassing	Category/ Type 001	Transaction ID : SE.5027 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2020
Name of Federal Candidate BIDEN, JOSEPH R JR, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: MI
Calendar Year-To-Date Per Election for Office Sought 10012.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	674.05
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mitha, Amin, , ,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>EMGAGE FEDERAL POLITICAL ACTION COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00453704       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Sarr-Robbins, Hawlaane, , ,</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>19</div><div>2020</div></div>	
Mailing Address 16570 Fairfield St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">220.50</div>	
City Detroit	State MI	Zip Code 48227	Transaction ID : SE.5030
Purpose of Expenditure Canvassing	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>19</div><div>2020</div></div>
Name of Federal Candidate BIDEN, JOSEPH R JR, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee <b>Uddin, Tasnia, , ,</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>19</div><div>2020</div></div>	
Mailing Address 2626 Balsam Way Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">313.50</div>	
City Sterling Heights	State MI	Zip Code 48314	Transaction ID : SE.5032
Purpose of Expenditure Canvassing	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>19</div><div>2020</div></div>
Name of Federal Candidate BIDEN, JOSEPH R JR, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ►	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">534.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mitha, Amin, , ,

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**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>EMGAGE FEDERAL POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00453704	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Yazdani, Fuad, , ,</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 19 / 2020</b>	
Mailing Address <b>29508 Juneau Ln</b>		Amount <b>450.00</b>	
City <b>Farmington Hills</b>	State <b>MI</b>	Zip Code <b>48336</b>	Transaction ID : <b>SE.5025</b>
Purpose of Expenditure <b>Canvassing</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 19 / 2020</b>	
Name of Federal Candidate <b>BIDEN, JOSEPH R JR, , ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>MI</b>	
Calendar Year-To-Date Per Election for Office Sought <b>7987.36</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Zahid, Fareen, , ,</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 19 / 2020</b>	
Mailing Address <b>5628 Silver Pond</b>		Amount <b>303.75</b>	
City <b>West Bloomfield</b>	State <b>MI</b>	Zip Code <b>48322</b>	Transaction ID : <b>SE.5024</b>
Purpose of Expenditure <b>Canvassing</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 19 / 2020</b>	
Name of Federal Candidate <b>BIDEN, JOSEPH R JR, , ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>FL</b>	
Calendar Year-To-Date Per Election for Office Sought <b>6965.82</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>753.75</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) <b>EMGAGE FEDERAL POLITICAL ACTION COMMITTEE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00453704       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Zia, Mohammad, , ,</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 19 / 2020</b>	
Mailing Address <b>2182 Rutgers Dr</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">335.35</div>	
City <b>Troy</b>	State <b>MI</b>	Zip Code <b>48085</b>	Transaction ID : <b>SE.5028</b>
Purpose of Expenditure <b>Canvassing</b>	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 19 / 2020</b>	
Name of Federal Candidate <b>BIDEN, JOSEPH R JR, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>MI</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">9200.76</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
City	State	Zip Code	
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">335.35</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">5589.09</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mitha, Amin, , ,

[Electronically Filed]

Date

 MM / DD / YYYY  
**10 / 20 / 2020**

Signature